

# 2000 UNIFORM BUSINESS REPORT (UBR)

0610012

DOCUMENT # F93000000614

1. Entity Name

DHD NEVADA CORP.

FILED

00 APR 19 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O 600 CENTRAL AVE  
SUITE 365  
HIGHLAND PARK IL 60035

C/O 600 CENTRAL AVE  
SUITE 365  
HIGHLAND PARK IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3617048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WAGNER, NATHAN  
STREET ADDRESS 600 CENTRAL AVE., #365  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE ☐ Change ☐ Addition  
NAME 600003238326--1  
STREET ADDRESS -05/03/00--01131--019  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE VD ☐ Delete  
NAME SCHWARTZBERG, ALBERT  
STREET ADDRESS 50 MAIN STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME FELNER, JAY  
STREET ADDRESS 4182 LIVE OAK BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LEFKOVITZ, EDWIN  
STREET ADDRESS 34500 FOX RIDGE DR.  
CITY-ST-ZIP EVERGREEN CO 80439

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME NESHEK, THOMAS  
STREET ADDRESS 14 E. WALWORTH ST.  
CITY-ST-ZIP ELKHORN WI 53121

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME GOLDMAN, ROBERT U  
STREET ADDRESS 600 CENTRAL AVE., #365  
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE V ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. DHD Nevada Corp.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Wagner, Pres.

2-22-00

(847) 432-3666

Date

Daytime Phone #

KE

CR2E034 (9/99)